Effective on 12/08/2004.					Complete if Known					
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				A 1'						
FEE TRANSMITTAL					Application Number 10/553,519 Filing Date 8/1/2006					
For FY 2009					Vamed Inventor	Georg Duda				
							Doughert			
✓ Applicant claims small entity status. See 37 CFR 1.27				1	Art Unit 373		- ougnore	<i>J</i>		
TOTAL AMOUNT OF PAYMENT (\$) 960.00					Attorney Docket 5312 - 05					
METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify):										
[7]										
Deposit Account Deposit Account Number: 23-0650 Deposit Account Name: The Webb Law Firm										
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)										
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments										
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.										
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)										
1. BASIC FILING, SEARCH, AND EXAMINATION FEES										
FILING FEES SEARCH FEES EXAMINATION FEES										
				nall Entity		mall Entity		7 7 7	. 1 (0)	
Application Typ Utility	<u>e Fee (\$)</u> 330	Fee (\$) 82	Fee (\$) 540	Fee (\$) 270	<u>Fee (\$)</u> 220	<u>Fee (\$)</u> 110		rees P	aid (\$)	
Design	220	110	100	50	140	70		***************************************	· · · · · · · · · · · · · · · · · · ·	
Plant	220	110	330	165	170	85			·····	
Reissue	330	165	540	270	650	325				
Provisional 220 110 0 0 0 0 —									***************************************	
2. EXCESS CLAIM FEES Fee Description Fee (\$)								Fac (\$)	Small Entity Fee (\$)	
Each claim over 20 (including Reissues) 52									26	
Each independent claim over 3 (including Reissues) 220								220	110	
Multiple dependent claims								390	195	
Total Claims	- 20 or HP	Extra Clair	ns <u>Fee</u>	(\$)	Fee Paid (\$)		<u>N</u>	Iultiple De	ependent Claims	
= x								Fee (\$)	Fee Paid (\$)	
HP = highest number	of total claims paid	for, if greater the	an 20.				water	W-1		
Indep. Claims	<u>- 3 or HP</u>	Extra Clair	<u>ns</u> <u>Fe</u>	<u>e (\$)</u> =	Fee Paid (\$)					
HP = highest number of	of independent clair	ns paid for, if gr								
3. APPLICATION SIZE FEE										
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof.										
See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).										
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)										
100 = / 50 = (round up to a whole number) x =										
4. OTHER FEE(S) Fees Paid (\$)										
Non-English Specification, \$130 fee (no small entity discount)										
Other (e.g., late filing surcharge): RCE (\$405); 3-month Extension (\$555)									960	
SUBMITTED BY										
Signature	1) Lw	hud -	h (m		egistration No. attorney/Agent)	28,498	Telepho	ne 41	2-471-8815	
Name (Print/Type) Richard L. Byrne Da								Date June 18, 2009		